

SUMMER CAMP 2014 REGISTRATION FORM

TEEN ADVENTURE DAY CAMP

RIISING 8TH-10TH GRADERS

Please refer to "Leisure Times" for full summer camp details.

| | | |
|----------------------|---------------------------|----------------------------------|
| CAMPER'S NAME | Date of Birth | Gender |
| | | M F |
| Address | Grade in Fall 2014 | City of Fairfax Resident? |
| | | Yes No |

| | | |
|----------------------|-------------------|-----------------------|
| GUARDIAN NAME | Email | Home Phone |
| | | |
| Address | Cell Phone | Business Phone |
| | | |

| | | |
|-------------------------------------|-------------------|-----------------------|
| 2nd GUARDIAN NAME | Email | Home Phone |
| | | |
| Address | Cell Phone | Business Phone |
| | | |

TEEN ADVENTURE DAY CAMP

(Time: 8:00am - 4:00pm)



| FULL SUMMER (6/30-8/15, no camp 7/4) | Session A (6/30-7/11, no camp 7/4) | Session B (7/14-7/25) | Session C (7/28-8/8) | Session D (8/11-8/15) |
|---|--|---------------------------------|--------------------------------|---------------------------------|
| ___\$995 ___\$945 (Paying in Full at Registration by March 1 st) | ___\$310 | ___\$350 | ___\$350 | ___\$180 |

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ___ YES ___ NO

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook

Signed: _____ **Printed:** _____ **Dated:** _____

PAYMENT INFORMATION

___ Pay in Full ___ Payment Plan ___ Check ___ Cash ___ Credit

Late Fee: For those who chose payment plan there will be a 14 day grace period then a \$25 per week late fee will be incurred.

CREDIT CARD INFORMATION

Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover

Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____

Signature _____

☐ **Auto Payment Plan** (I authorize the City of Fairfax to charge the credit card above for the amount due on my payment plan.) **Initials** _____

All Emergency Contact/Health History Forms must be completed and handed in before June 27th 2014
Forms can be found on www.fairfaxva.gov/parksrec